



Sandy Parks & Recreation

2014 Fall Soccer

Player/Parent Registration Form

Please be accurate and completely fill out this form. Failure to do so may cause serious inconvenience or injury.

Office Use Only:
 Receipt # _____
 Amount Paid _____
 Date Paid _____
 Received by _____
 Late Fee _____ Family Discount _____

Player's Name: _____ ☐ Male ☐ Female
(First name) (Last name) (Middle Initial)

Address: _____ City: _____, Utah, Zip: _____

Elementary school area: _____ School attending: _____

Birth Date: _____ Age: _____ Grade: _____ Medical/Health Restrictions: _____

Father/Guardian: _____ Mother/Guardian: _____

Phone (Day): _____

(Evening): _____

(Cell): _____

Please check
only **ONE** box
for preferred
phone number

Phone (Day): _____

(Evening): _____

(Cell): _____

Parent's E-mail Address: _____ Player's years of organized soccer: _____

Additional person to contact in case of emergency: _____

Relationship to Player: _____ Emergency contact's phone #s: (H): _____ (C): _____

LEAGUES	EARLY REGISTRATION MAY 19-JULY 9	REGULAR REGISTRATION JULY 10 - 16	AFTER JULY 16 LATE REGISTRATION (upon availability)	<ul style="list-style-type: none"> Standard shirt sizing will be ordered for each age \$15.00 is non-refundable No refunds after 1st scheduled game Players must play in age appropriate grade 	Player would like to be on the same team as (list coach's name first): _____ _____ _____
PreK - 2 nd Grade	\$45.00	\$50.00	\$55.00		
3 rd - 4 th Grade	\$50.00	\$55.00	\$60.00		
5 th - 12 th Grade	\$55.00	\$60.00	\$65.00		

BOYS FALL SOCCER (CHOOSE 1) Game Day and Location may be combined pending registration numbers.

Pre-Kindergarten (Boys) Wednesday Lone Peak _____ Saturday Lone Peak & Eastridge _____ Saturday Flat Iron & Falcon _____	Kindergarten (Boys) Thursday Lone Peak _____ Saturday Lone Peak & Eastridge _____ Saturday Flat Iron & Falcon _____	1st Grade (Boys) Thursday Lone Peak _____ Saturday Lone Peak & Eastridge _____ Saturday Flat Iron & Falcon _____
2nd Grade (Boys) Wednesday Lone Peak _____ Saturday Lone Peak & Eastridge _____ Saturday Flat Iron & Falcon _____	3rd Grade (Boys) Saturday Lone Peak & Eastridge _____ Saturday Flat Iron & Falcon _____	4th Grade (Boys) Saturday Lone Peak & Eastridge _____ Saturday Flat Iron & Falcon _____
3rd & 4th Grade (Boys) Tuesday Lone Peak _____	5th & 6th Grade (Boys) Saturday Lone Peak & Falcon _____	7th - 9th Grade (Boys) Saturday Lone Peak & Falcon _____

GIRLS FALL SOCCER (CHOOSE 1) Game Day and Location may be combined pending registration numbers.

Pre-Kindergarten (Girls) Monday Lone Peak _____ Saturday Lone Peak & Eastridge _____ Saturday Flat Iron & Falcon _____	Kindergarten (Girls) Tuesday Lone Peak _____ Saturday Lone Peak & Eastridge _____ Saturday Flat Iron & Falcon _____	1st Grade (Girls) Monday Lone Peak _____ Saturday Lone Peak & Eastridge _____ Saturday Flat Iron & Falcon _____
2nd Grade (Girls) Tuesday Lone Peak _____ Saturday Lone Peak & Eastridge _____ Saturday Flat Iron & Falcon _____	3rd Grade (Girls) Saturday Lone Peak & Eastridge _____ Saturday Flat Iron & Falcon _____	4th Grade (Girls) Saturday Lone Peak & Eastridge _____ Saturday Flat Iron & Falcon _____
3rd & 4th Grade (Girls) Monday Lone Peak _____	5th & 6th Grade (Girls) Saturday Lone Peak & Falcon _____	7th - 9th Grade (Girls) Saturday Lone Peak & Falcon _____
COED 10th - 12th Grade Wednesday Lone Peak _____	How did you find out about this program: website - school - mailing - brochure - Sandy Now - Email - friend - coach - played before	

Help make a successful program by volunteering! I will be a: (please write your name in)

Coach: _____ Assistant Coach: _____ Team Parent: _____

Email address (Coach and Assistant Coach only) _____



SANDY CITY SOCCER PROGRAM INFORMED CONSENT AND AUTHORIZATION



The undersigned, as the parent or guardian of _____, agrees to allow my child to participate in the program/activity described below.

Program / Activity Description

The Sandy City Spring Soccer Program runs approximately from August 23, 2014 through November 11, 2014 and utilizes Sandy City fields. Games are played on some weeknights and Saturdays. Participation in the Soccer program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include (1) minor injuries such as a sunburn, windburn, scratches, bruises, blisters, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death. Transportation to and from practices and games is the responsibility of the parent or guardian.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

____ Please initial here

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./ paramedic/physician, such treatment is necessary.

Name of Child _____ Age: _____

Health Insurance Carrier: _____

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Medical Restrictions on Player's Participation: _____

____ Please initial here

Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

____ Please initial here

Concussion & Head Injury Policy Acknowledgement

I have read the Concussion and Head Injury Policy. I have been informed on how to recognize the signs and symptoms, and agree to abide by the policy. I understand if my child is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating in any upcoming sporting events until a qualified Health Care Professional has determined it to be safe. I will provide Sandy City with a written statement by a qualified Health Care Professional acknowledging my child is cleared to resume participation.

____ Please initial here

I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 3 sections. Please initial each line above.

Name of Parent

or Legal Guardian: _____ Signature: _____ Date: _____
(Please print)

Please fill out the registration form on reverse side